(ACCT. #)

AM/PM Animal Hospital, P.C. CLIENT REGISTRATION

NAME:_____ SPOUSE/OTHER:_____
(First) (Last)

ADDRESS:_____ **Apt:**_____

CITY_____ STATE_____ ZIP CODE_____

PHONE #'s: **Best** (____)_____-_____ **2nd** (____)_____-_____ Work (____)_____-_____

E-MAIL:_____ PLACE OF EMPLOYMENT:_____

DRIVER'S LICENSE #:_____ STATE_____ S/S # _____ BIRTHDATE:_____

REGULAR VETERINARIAN'S OFFICE _____

Found us via: ☐ Internet ☐ Yellow Pages ☐ Sign ☐ Referred By_____

PET INFORMATION:

	PET NO. 1	PET NO. 2	PET NO. 3
NAME:	_____	_____	_____
SPECIES:	CAT____ DOG_____	CAT____ DOG_____	CAT____ DOG_____
BREED:	_____	_____	_____
COLOR:	_____	_____	_____
GENDER:	Male/Neutered Female/Spayed	Male/Neutered Female/Spayed	Male/Neutered Female/Spayed
DATE OF BIRTH:	_____	_____	_____
VACCINATION HISTORY:	current / not current	current / not current	current / not current

_____

_____

Would you allow us to place information and photos of your pet on Facebook / Website? Yes: _____ No: _____ (Initials)

I hereby authorize the veterinarian to examine, prescribe for, or treat, the above described pet(s). I also authorize and provide my written consent to the transfer of any medical information. I assume responsibility for all charges incurred in the care of this animal. **Payment is due when services are rendered. *Please note that a 1.5% monthly interest fee will be assessed to all balances over 30 days past due ***

For your convenience, we accept cash and all major credit cards including Care Credit.
How will you be paying today? Cash _____ Credit/Debit Card _____

_____ _____
Signature of Owner or Responsible Party Date